

**STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
(208) 334-3233**

CONTINUING EDUCATION AUDIT

VERIFICATION & CERTIFICATE OF COMPLIANCE

Pursuant to your profession's licensure laws and rules and the Board's request, please complete the certificate below and return it with your completed renewal form. **Failure to provide proof of attendance or official certification of the required continuing education may result in Board action against your right to licensure.**

Course Title:	Course date(s):	Sponsoring Organization:	Course Location:	Total Hours:
			TOTAL HOURS	

QUESTIONS

Since the date of your last application for renewal of your license have you:

1. Received a conviction, finding of guilt, withheld judgment, or suspended sentence for any felony in this or any other jurisdiction? ☐ YES ☐ NO

2. Received any type of disciplinary sanction, restriction, or limitation from any regulatory licensing agency or organization in this or any other jurisdiction? ☐ YES ☐ NO
(if YES to either above, a copy of the final order of conviction/discipline must be attached)

AFFIDAVIT

I hereby certify under penalty of perjury that my response to the above is true and correct and that I have completed the continuing education outlined above as required by the Idaho laws and rules applicable to the profession for which I am licensed. I further certify that official certified documentation proving my attendance at the continuing education outlined above is attached and that failure to submit proof of attendance may result in action against my right to licensure.

Signature

Social Security #

Date

Print Name

License Number

YOU MUST PROVIDE PROOF OF ATTENDANCE IN ADDITION TO THIS FORM

(Please mail your documentation with this form. If using the online renewal process, documentation must be mailed separately.)